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**DECLARATION FOR UTILITY OR DESIGN** PATENT APPLICATION (37 CFR 1.63)

Declaration Submitted with Initial Filing

Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

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Att rney Docket Num	b r	08563-0087	_	
First Named Invent r		GREENSPAN, Larry A.		
COMPLE	TE II	KNOWN		
Application Number		09 / 722,962		
Filing Date	No	vember 27, 2000		
Group Art Unit	216	52		
Examiner Name	N/A	<i>A</i> .	_	

As a below named inventor, I her	eby declare that:					
My residence, mailing address, and	•					
I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:						
METHOD AND APPARATUS FOR CASE BUILDING AND						
PRESENTA	TION OF HEALT	HCARE PROCEDUR	ŒS			
		•		·		
	(Title of th	ne Invention)				
the specification of which						
is attached hereto						
OR						
XX was filed on (MM/DD/YYYY)	November 27,	2000 as United St	ates Application N	Number or PCT International		
	<del></del>					
Application Number 09/722,9	and was a	imended on (MM/DD/YY)	<u>۳</u>	(if applicable).		
I hereby state that I have reviewed amended by any amendment spec	and understand the continuous	ntents of the above ident	ified specification	including the claims, as		
I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation- in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.						
I hamby plain famine priority hans	offic under 35 LLS C 11	19(a)-(d) or (f) or 365(b)	of any foreign ap	oplication(s) for patent, inventor's		
or plant breeder's rights certificate(s), or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent, inventor's or plant breeder's rights certificate(s), or any PCT international application having a filing date before that of the application on which priority is claimed.						
Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES NO		
Halling (9)	-					
N/A						
•						
Additional foreign application	numbers are listed on a	supplemental priority da	ta sheet PTO/SB	/02B attached hereto:		

[Page 1 of 2]

Burden Hour Statement: This form is estimated to take 21 minutes to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

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## **DECLARATION**— Utility or Design Patent Application

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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.					
NAME OF SOLE OR FIRST INVENTOR:					
Given Name (first and middle [if any])  Larry A.  Family Name or Surname Greenspan					
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NAME OF SECOND INVENTOR:	A petition ha	s been filed for this un	signed inventor		
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Inventor's Signature Date 4-19-6					
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Additional inventors are being named on the 3rd upplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					

Please type a plus sign (+) inside this box	<b>→</b>	+
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Please type a plus sign (+) inside this box PTO/SB/02A (11-00)

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## **DECLARATION**

ADDITIONAL INVENTOR(S)
Suppl mental Sheet
Page 3 of 3

Name of Additional Joint Inventor, if any:  A petition has been filed for this unsigned inventor							
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City Manchester	State	MD	D ZIP 21102 Country USA			y USA	
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Given Name (first and middle [if any]) Family Name or Sumame					umame		
Deborah Louise Reed							
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